

25  
12/11/00  
JK

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Steven Downs, Dist Atty  
301 Main Street  
Towanda, Pa 16848

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

Peg Leon

12/11/00

C. Signature

Peg Leon

☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number (Copy from service label)

2 355 013 455

1-00-00-775

order 11/29/00

1081

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**FILED**  
**HARRISBURG**

DEC 08 2000

MARY E. D'ANDREA, CLERK  
Per. JK

DEPUTY CLERK

1-00-00-775

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